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From: Stephan A. Pendorf

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Re: MAIL STOP AMENDMENT
U.S. Patent Application No. 10/619,729
USES OF 1-AMINO-3-(N,N-DIMETHYLAMINO)-PROPYLIDENE-1,1-
BISPHOSPHONIC ACID
Our Docket No.: 3524-015

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(WP342680;1)

PTO/SB/21 (09-04)

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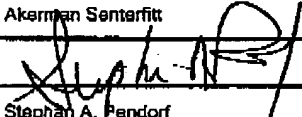
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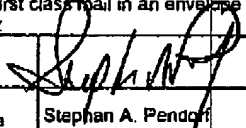
TRANSMITTAL FORM	Application Number	10/619,729	RECEIVED CENTRAL FAX CENTER OCT 16 2006
	Filing Date	July 15, 2003	
	First Named Inventor	Emilio J.A. Roldan, et. al.	
	Art Unit	1623	
	Examiner Name	Issac, Roy P.	
(to be used for all correspondence after initial filing)		Attorney Docket Number	3524-015
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Akerman Senterfitt		
Signature			
Printed name	Stephan A. Pendorf		
Date	October 16, 2006	Reg. No.	32,665

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Typed or printed name	Stephan A. Pendorf
Date	October 16, 2006

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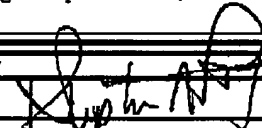
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/619,729 Filing Date July 15, 2003 First Named Inventor Emilio J.A. Roldan, et al. Examiner Name Isaac, Roy P. Art Unit 1623 Attorney Docket No. 3524-015	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1590.00			

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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES Application Type Fee (\$) Small Entity Fee (\$)		SEARCH FEES Fee (\$) Small Entity Fee (\$)		EXAMINATION FEES Fee (\$) Small Entity Fee (\$)		Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 20 or HP = _____ x _____ = _____		- 3 or HP = _____ x _____ = _____		Multiple Dependent Claims		Fee (\$) Fee Paid (\$)	
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 3 or HP = _____ x _____ = _____		- 3 or HP = _____ x _____ = _____		Multiple Dependent Claims		Fee (\$) Fee Paid (\$)	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$) Fee Paid (\$)	
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____		- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____		Number of each additional 50 or fraction thereof		Fee (\$) Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other: _____							Fees Paid (\$)

SUBMITTED BY		
Signature 	Registration No. 32,665 (Attorney/Agent)	Telephone (561) 653-5000
Name (Print/Type) Stephen A. Pandorf		Date October 16, 2006

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